



Smallwood Marlins Swim Team 2010 Registration Form



Family, Swimmer's Last Name(s) _____ SVSC member # _____

Total Number of Swimmers to be registered: _____

May we list your name(s), phone #'s, and email address in our team contact list Yes ____ No ____

Is your family a Smallwood Pool Member? Yes ____ No ____

If No, a \$100.00 SVSC Swim Team Guest Membership fee will be applied.

(This fee covers pool-based insurance for your swimmer during team events.)

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Address: _____

Phone Numbers: _____ Swimmer's Phone # /email (optional)

Home: _____

Work: _____

Cell: _____

Email Address: (must have) _____

Swimmers Data

Enter your swimmers' data starting with the oldest by birth date.

All swimmers must have a birth certificate or other proof of age on file with the swim team.

Swimmer # 1 \$75.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N

Name: _____ **Gender:** M / F

Date of Birth (mm/dd/yy) _____ **Age:** _____

Special medical needs or conditions: _____

Swimmer # 2 \$55.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N

Name: _____ **Gender:** M / F

Date of Birth (mm/dd/yy) _____ **Age:** _____

Special medical needs or conditions: _____

Total Corporate Sponsor Donations

(additional registration credits are applied for every corporate sponsorship received)

My signature below represents the receipt and understanding of the SVAC Family Code of Conduct

Signature: _____

Enter Additional Swimmers Data

Enter your additional swimmers' data continuing with the oldest by birth date.

All swimmers must have a birth certificate or other proof of age on file with the swim team.

Swimmer # 3 \$35.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N
Name: _____ **Gender:** M / F
Date of Birth (mm/dd/yy) _____ **Age:** _____
Special medical needs or conditions: _____

Swimmer # 4 \$15.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N
Name: _____ **Gender:** M / F
Date of Birth (mm/dd/yy) _____ **Age:** _____
Special medical needs or conditions: _____

Swimmer # 5 \$15.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N
Name: _____ **Gender:** M / F
Date of Birth (mm/dd/yy) _____ **Age:** _____
Special medical needs or conditions: _____

Swimmer # 6 \$15.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N
Name: _____ **Gender:** M / F
Date of Birth (mm/dd/yy) _____ **Age:** _____
Special medical needs or conditions: _____

SVSC member #